

CUTLER & ASSOCIATES, LTD.

ATTORNEYS AT LAW
4131 MAIN STREET
SKOKIE, ILLINOIS 60076
TELEPHONE (847) 673-8600
FAX (847) 673-8636

Post- Petition Fee Agreement
DO NOT SIGN THIS AGREEMENT UNLESS YOU ALREADY HAVE
A BANKRUPTCY CASE NUMBER

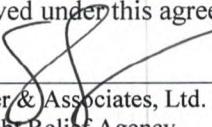
The undersigned has previously hired Cutler & Associates, Ltd. ("Firm") to file a Chapter 7 Bankruptcy. Firm has done so and my case No. 22-08430 has been filed.

1. This agreement supplements and reaffirms my agreement with Firm dated 7/27/22 wherein I contemplated paying Firm the sum of \$1,990 after filing my case was filed.
2. Firm has informed me that as a result of my filing bankruptcy, I have no current legal obligation to pay Firm any fees to complete my bankruptcy.
3. I understand that signing this agreement creates a new obligation for me to pay Firm for services which I am entitled already entitled to. However, I understand that if I do not sign this agreement, Firm may ask the bankruptcy court for permission to withdraw from further representing me in my bankruptcy case. I understand by signing this agreement after the filing of my case I am legally obligated to pay Firm and it will not be discharged in my bankruptcy.
4. I am informed that Firm has an inherent conflict of interest in asking me to sign this agreement. The conflict is that I hired Firm to relieve me of my debts, but Firm is asking me to enter into this agreement which is causing me to incur new debt and my signing this agreement is in the Firm's own self-interest. By signing this agreement, I understand that I am waiving this conflict.
5. Notwithstanding the fact that I am not required to sign this agreement or pay Firm any additional amounts, I would like to do so and would like to pay Firm in the following manner so that Firm does not attempt to withdraw from my case and so that Firm completes all services necessary in my bankruptcy as set forth in my original fee agreement with Firm:

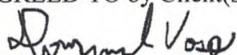
\$199 on or before	<u>8/27/22</u>	\$199 on or before	<u>9/27/22</u>
\$199 on or before	<u>10/27/22</u>	\$199 on or before	<u>11/27/22</u>
\$199 on or before	<u>12/27/22</u>	\$199 on or before	<u>1/27/23</u>
\$199 on or before	<u>2/27/23</u>	\$199 on or before	<u>3/27/23</u>
\$199 on or before	<u>4/27/22</u>	\$199 on or before	<u>5/27/23</u>

6. Firm agrees that it will not seek to withdraw from representing me in my bankruptcy case and will continue to represent me in my bankruptcy.

7. Firm agrees that in the event I do not receive a discharge of my debts as a result of Firm's failure to provide any service, Firm will promptly refund me all payments received under this agreement.


Cutler & Associates, Ltd.
A Debt Relief Agency

AGREED TO by Client(s):



CUTLER & ASSOCIATES, LTD.

ATTORNEYS AT LAW
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SKOKIE, ILLINOIS 60076

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Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided.

Please complete the information below:

Printed Name:	Dominick Voso	Case Number:	22-08430
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Checking/ Savings Account

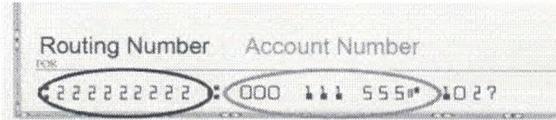
Checking Savings

Name on Acct. _____

Bank Name _____

Routing Number _____

Account Number _____



Debit Card

Card Number: 4347691117336065

Exp Date: 03/27

Security Code: 293

Billing Zip: 60108

SIGNATURE _____

DATE _____

08 / 03 / 2022

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Cutler and Associates, Ltd. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the event I terminate these payments Cutler and Associates, Ltd., may elect to withdraw from my bankruptcy case and cease all work on my case. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Cutler and Associates, Ltd. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.